



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

NURSES NEEDED IN CHINA

DEAR EDITOR: The Yale Hospital and Nursing School at Changsha, China, seek the services of two thoroughly trained American nurses, young women of earnest character, who propose a permanent career with language study.

YALE IN CHINA OFFICE.

5 White Hall
New Haven, Conn.

ENEMATA DONT'S

DEAR EDITOR: The following suggestions may be of use to JOURNAL readers:

In giving rectal feedings, don't neglect to turn the patient on the opposite side immediately after the feeding is given. In this way the fluid passes readily through the transverse colon, allowing a large field for absorption.

Don't mix turpentine with a Noble's enema; if you do, it forms in little globules on the top of the solution and is all taken into the bowel at one time. Have the solution so well dissolved that it is perfectly clear; give one-half, then the turpentine, which will mix freely with the second half of the enema.

Don't forget that vaginal packing interferes with rectal injection.

Don't neglect to strain a rectal feeding.

Don't overheat, or the material will become lumpy and sticky.

Don't flush the bowel, before feeding, with salt solution if the rectum is irritated or if the feedings have extended over any length of time; use boric acid instead or, if much mucus is present, one teaspoonful of sodium bicarbonate to one and one-half pints of water.

Don't give saline solution cold. Dr. J. B. Murphy used to say that an enema properly given would not be expelled. It should be from 99 to 102° F. at the point of absorption; 110 to 115° in the receptacle.

When hemorrhoids are present, don't neglect to paint them with a 2 per cent solution of cocaine. (With the doctor's permission. Ed.) They interfere materially with the patient's ability to retain the fluid taken.

New York

M. E. H.

RED CROSS MEMBERSHIP

DEAR EDITOR: This is the time when every trained nurse who is earnestly trying to do her share of the world's work should demonstrate where she stands and what her standard is. All have been urged at some time to join the Red Cross, yet our list of members remains far below the number it should reach. Some may think they are too old to be accepted for service, but let them at least "cast in their mite" in work or money. They may join the Red Cross Society, anyway, even if they cannot be enrolled in the nursing service, and their fee of \$1 a year will help very much at this time. Enrollment in the Red Cross Nursing

Service is a passport wherever one may go, for it marks one as being a graduate nurse of good repute and good training. At this time of need, let us arise and equip ourselves for service, demonstrating that we are ready and willing to do our part in any way we can.

California.

AN OLD GRADUATE.

MISTAKEN KINDNESS

DEAR EDITOR: The Golden Rule is frequently violated by Christians through mistaken kindness. It is my privilege as a Daughter of the King and a trained nurse to be with the sick and dying. I am sometimes distressed in seeing Christian people let their loved ones enter eternity without preparing them for their departure, or giving them an opportunity to repent, confess, or to partake of the Holy Sacrament. They keep silent for fear of hastening death by shock or of causing distress. Of course sick persons are kept in a cheerful atmosphere by doctors and nurses, but when the case is hopeless, is it not cruel to keep them in ignorance of the fact that they are soon to face God? Occasionally a Christian physician will ask the family of the patient to let him know that he can do nothing more and will leave the news to be told by those who are nearest and dearest to him. Frequently the doctor's suggestion is unheeded. Sometimes I venture to suggest that perhaps the person would like to see a clergyman, but no, this might awaken a consciousness of the serious character of the illness and thereby hasten his departure a few hours. They wrong their loved one by keeping silent. The dying person may have lived a model life, but is it right not to let him know; for who is so good, that he does not need all that the Church can offer at such times? But to see them go into the long sleep in absolute ignorance that they are about to pass through the Valley of the Shadow of Death and not be able to whisper words of comfort is sad to one who would like to tell them they are going where "There is no pain" and where "God will wipe away all tears from their eyes." For to the true believer, "Perfect love casteth out all fear."

Washington, D. C.

B. B.